Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

October 15, 2020 – 4:00pm -5:00pm

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via WebEx/Telephone)	MEMBERS ABSENT
N/A	Anika Todd Carol Sheley Desiree Silva (Proxy/ Stacy Short) Dr. Michael Naylor Dr. Peter Nierman Dr. Rashid Saafir Gregory Cox Helena Lefkow (Proxy/ Lia Daniels) Jamie Dornfeld Josh Evans Julie Hamos Karen Brach (Proxy/ Dr. Shawnte Alexander) Kathleen Bush Keshonna Lones Kristine Herman Jeff Blythe Raul Garza (Proxy/ Audrey Pennington) Royce Kirkpatrick Ruth Jajko (Proxy/ ChrisNaujokas) Trish Fox	April Curtis Arrelda Hall Ashley Deckert Deb McCarrel Director Eagleson Director Smith Dr. Marjorie Fujara Howard Peters Judge Ericka Sanders Kara Teeple

I. Welcome and Call to Order

Kristine Herman with the Bureau of Behavioral Health at Healthcare and Family Services introduced herself as the moderator and welcomed the group. She called the meeting to order.

II. Introductions and Roll Call

Kate Smith took roll call. A quorum was present.

III. Approval of Minutes

Helena Lefkow motioned to approve the minutes.
Dr. Saafir seconded the motion to approve the minutes.

Kristine Herman: Any discussion or edits to the minutes that we need to discuss? Okay, all in favor of approval of the minutes? Opposed? The ayes have it and the motion carries.

IV. Update on Implementation

Kristine Herman: We will first go to DCFS for their update. Jamie Dornfeld, the floor is yours.

Jamie Dornfeld: The first forty-five days of the transition has been a success. DCFS, HFS and YouthCare leadership met daily for the first month and continue to meet several times each week. These meetings allow us to focus on any critical issues as they arise. Our focus is shifting to the high-end youth who are high utilizers of the hospital systems. We're working with YouthCare to make sure there are beds available to these youth and that there are community supports in place to keep these youth in the least restrictive settings possible. DCFS and HFS, with very helpful information from ICOY, have worked with YouthCare to provide town hall trainings for providers. The fourth and last originally scheduled town hall meeting took place yesterday. Due to the feedback and the success of the training YouthCare put together some additional dates for later this month and in November. Those dates will be posted on their website. The continuity of care period goes through February 2021. During this time all services will be reimbursed, even if the medical or behavioral health providers are not in network. Most providers are honoring the continuity of care period and are seeing youth without a contract. We are keeping track of those providers who have not yet finalized a contract with YouthCare but continue to see DCFS youth through this period to make sure there is not a break in services following February and that those providers remain engaged with this population. Youth, families, and caseworkers are getting more familiar with care coordination services and are learning how to get support when needed. Caregivers and caseworkers can call YouthCare to request support, help with transportation, help finding providers, and help making appointments. One of the priority focus areas has been to connect care coordinators to youth in hospitals and other high-end placements to work on transitions to the most appropriate placements. The DCFS Advocacy Office has not experienced a large increase in volume since the transition. So far they have received 89 calls related to the transition since September 1st. We do track all inquiries coming in through the Advocacy Office, as well as any grievances, appeals, and unresolved active care issues that come directly through YouthCare. And we have our joint resolution team that is made up of DCFS, HFS, and YouthCare that meets every week to discuss any issues and look at any trends. We've been including the DCFS guardianship administrator and members of the DCFS clinical and health services team to make sure they are advocating for the special needs of the youth in care population. We are tracking issues. The top issues by volume are provider issues, providers out of network, medication/ pharmacy issues, and questions about eligibility.

Kristine Herman: Thank you so much, Jamie. Next, we will go to Dr. Shawnte Alexander. Dr. Alexander, the floor is yours.

Dr. Alexander: Thank you. I don't want to be repetitive. We have a lot of the same information to share, but to reiterate to Jamie's point, I think that at forty-five days in we can really see where some trends are. When members call in about a provider is good news, because it shows we are getting the message out there that that is an issue you can call YouthCare about and we can help you. [call disconnected]

Kristine Herman: I believe we lost that call. We will do our best to get Dr. Alexander back. In the meantime, Keshonna would you like to give your update?

Keshonna Lones: I would really like to echo Jamie's comments. I know Dr. Alexander was providing additional updates. Thank you so much to our external partners during this transition. We have continued to provide that oversight of the program. It has all been very helpful. From the HFS perspective we have been working closely with YouthCare and DCFS. We have established a regular cadence for additional reporting requirements. We are using this time to assess the information that we have available. We're conducting preliminary data. It's really been a great effort to know look back and look at ways to enhance the program or opportunities for improvement. We have worked closely with CMS and they have been a great partner to ensure that we are tracking and monitoring any trends. That really concludes the updates that I have. Thanks again.

Kristine Herman: Thank you Keshonna. We have Dr. Alexander back – I will let you finish your update.

Dr. Alexander: One benefit with this collaboration is that we're using the time to educate the agencies and the agencies educating YouthCare to ensure things are working properly. We send that information out to the agencies and it has been very helpful. Regarding the town halls YouthCare will get that information up on the website soon. The feedback and questions are very helpful in getting ahead of those issues.

Kristine Herman: Thank you. I'm glad we were able to get you back.

V. Public Comment

Kristine Herman: Any comments or questions from members of the committee?

Carol Sheley: It seems that out in the field the main issues are when youth initially come into care and during the transition the numbers are not active. For example when an investigator takes protective custody they are assigned a number, but we're having issue with the fact that that youth isn't covered – or when children move we are having issues with that. Are we looking into what that process is and where we need to pick up the slack?

Jamie Dornfeld: When youth come into care they are assigned an AMISYS number and that replaces the temporary RIN number. And so as soon as they come into care it is often the investigator that assigns that number – so they are active in YouthCare. I have not heard issues of numbers not being active. I have heard issues where providers needed some additional education around how to use the AMISYSnumber. YouthCare did get some calls regarding that and we send out education and information on that. I have not heard of a system-wide issue with that. If you have any specific examples, I would be happy to help you with that.

Carol Sheley: I do have some examples and I emailed some to Kristine. I've got a couple more – I'll go ahead and email you both again. I understand that it is probably stemming from not knowing how to use it. I we really need to look at it and see if that is really what is happening or if there is something going wrong there.

Dr. Alexander I do recall that we were able to look into a few issues where members who had been assigned multiple AMISYS I.D.s. We have someone in YouthCare check to make sure that each member has just been assigned one number. That was found with a handful of members.

Kristine Herman: Thank you, Carol. I appreciate you getting these questions to us. If I missed an email I apologize.

Carol Sheley: It seems with movement into care and movement between foster homes there is something that isn't lining up. That's where we're seeing issues.

Royce Kirkpatrick: Jamie, if there is anything, I can do to help please let me know. We have issued hundreds of numbers as kids come into care. We're heard of a couple of cases like this, but they have been rare. If there is anything specific we can help with, please let us know.

Kristine Herman: Are there any other questions or comments from committee members?

Brenda Gazaraz: This is my first time joining the call. I am from the Cook County area. I am trying to get the concept of what this conference is. Can someone break it down for me?

Kristine Herman: We put together this committee to get input on the managed care program for DCFS kids. We meet pretty regularly. We want to make sure that if/when there are any issues that providers or community members are having that we get that information as soon as possible. This committee has been instrumental to help us work through some of the issues that they thought would come up. It has helped us to put together a better product and successful rollout. This is really an advisory committee for HFS, DCFS, and YouthCare. If you have any insight or issues that you have come across we would love to hear from you.

Brenda Gazaraz: I know there is an agenda that has been shared. Is this the only time or will there be continuous meetings happening?

Kristine Herman: Yes we have been meeting monthly. At the end of this meeting we will discuss our future meeting dates.

Jamie Dornfeld: Please contact the DCFS Advocacy Office at any time with questions or feedback about the managed care transition.

Gregory Cox: I am one of the members of the group, but I have not been active in the group. I am recommitting myself to the group. I have been monitoring the emails that I have received, and this rollout has been very successful. I just wanted to recommit to the group and announce my presence. I will be at the next meeting.

Kristine Herman: Thank you

Dr. Neirman: I wanted to ask if there is anything to report on the in-patient side.

Kristine Herman: There are long-standing issues with finding some of the more challenging kids that we deal with finding hospital beds. Bringing YouthCare into this process has given us the ability to look very carefully at where these kids are, the issues they're presenting, how to increase hospital bed capacity, and design more community supports to help stabilize these kids. The struggle remains. YouthCare is bringing additional tools to the table to help correct this issue.

Dr. Alexander: I want to add to that. I agree with Kristine's point. YouthCare wants to help look at this from a systems issue and figure out how we can be part of the solution and look at what some of the barriers have been, and in terms of capacity – how we can be helpful there. Any relationships that we already have with members, families, and facilities – or being able to establish new processes. We're trying to have those conversations with other stakeholders to really work toward some long-term solutions here and have an impact on that population. We're excited to be able to do that work. We want to work closely with Mobile Crisis Response providers to have them notify us as soon as they can so we can help work with them to figure out the best solutions for these youth.

Dr. Naylor: I had heard that the Indiana and Missouri hospitals are not taking the MCO so we are not able to get our kids hospitalized there. Is this true?

Dr. Alexander: I am not aware of that. I can look into that for you.

Kristine Herman: I have not heard that they are not accepting YouthCare. I think that might be a rumor.

Dr. Nierman: I have been recently consulting in both California and Massachusetts. The problems that Illinois is having is present in both of those states. There are a lot of support systems and the kids still struggle – especially kids that are in care for extended periods of time and are physically aggressive. By that I mean staff members are injured and there are multiple challenges. We learned at Lakeshore that it is risky to put too many DCFS wards in the same place because it turns out to overwhelm the system. There is so much to be learned. There have been a few solutions. Anyone who would like to get a group to work on some of these challenges in a creative and unique way I would be willing to join. We don't have clinical solutions to resolve some of the challenges that bring some of these kids into psychiatric hospitals. We know that there is very long-term treatment required. I think there is risk abounding in these youth who have got neurodevelopmental changes due to trauma. We really need to challenge ourselves to do something meaningful. We need to put our heads together and solve the problem. The Illinois Counsel of Child and Adolescent Psychiatry would be willing to – there are some other doctors and child psychiatrists I know that would be willing to be part of that group.

Kristine Herman: That is a fantastic idea. We will go back and have an internal discussion about how to get that organized. I appreciate you volunteering to be on a group like that.

Dr. Nierman: it's my life's work and I think it could be better. We can pull together good minds from across the state.

Dr. Alexander: I really appreciate that offer too, because I think that when we think about the systematic issue to have people at the table to tackle this is exactly why these groups are put together. I look forward to being a part of that conversation as well.

Dr. Nierman: This is pretty high up on the agenda. I know the legislature and the Director is very interested. I think they would devote some resources as well.

Kristine Herman: Thank you. We will be following up with you on that.

Carol Sheley: I have a question and comment. When you were talking about YouthCare putting together resources for those that are hospitalized, how could we best support the youth? And make the best decisions for them kind of thing – Is that something that when we're aware of a clinical staffing for a

youth that is in the hospital and we are trying to determine what needs to happen with that youth – Should we be contacting YouthCare and the individual that is assigned to that child to be part of that staffing?

Dr. Alexander: Absolutely! Those are exactly the conversations that we want to be a part of. We will be able to bring in expertise from our psychiatrist and other things. Any conversation we can be part of early on to help problem solve. If you go to the care coordinator it is their responsibility to bring anyone on from YouthCare that would be helpful to the situation.

Jamie Dornfeld: We have done a lot training to the caseworkers and the supervisors to make sure they really understand that the care coordinator needs to be pulled in on all kinds of meetings, but especially clinical and hospital staffing. If someone doesn't know who the care coordinator is they can call YouthCare to find out. The caseworker should know.

Carol Sheley: Could someone like myself call and find out?

Jamie Dornfeld: I don't think so. I don't believe you would be authorized. I do believe that the foster care specialist has a very important role. That's something that we should take back and figure out how we can do that.

Carol Sheley: I have been on three of the last ten days and we have not had a YouthCare. I wasn't sure if that was something that anyone was aware of.

Jamie Dornfeld: That is part of the caseworker's responsibility. Good feedback.

Carol Sheley: I took my youth in to obtain new glasses. I loved the fact that I could get a pair of glasses for her and I didn't have to choose the lower-end. I was able to get the glasses that she truly wanted. I really appreciate that. She loves her glasses and that makes all of the difference in the world.

Kristine Herman: It really does. I am really glad that you had that experience.

Brenda Gazaraz: On regards to the whole meeting. When they have meetings for psych treatment for youth in care. Is there something in writing that states that parents are not able to attend or take part in those things? As a birth parent I think it's crucial to know about that. I have a DCFS sister whose pre-teen was taken to the psych hospital and nobody notified her at all. The mom knows the whole backstory of the child. She would have helped reach solutions without having the child medicated.

Kristine Herman: That sounds like a DCFS policy piece. Jamie do you want to take that back?

Jamie Dornfeld: Yes, I can take that back. Brenda, please reach out to the Advocacy Office because they really can help you. Involvement of the biological parents is different depending on each case.

Kristine Herman: Any other question or comments from the community? From the public? I'll give it another moment. If you are trying to speak, you are on mute. Okay hearing no additional comments from the public, we have one more order of business. We'd like to take a vote from the committee on moving meeting times to monthly instead of every other week. I need a motion to move the meetings to monthly.

Both first and second motions were made (member did not state name)
Kristine Herman: All in favor? All opposed? Motion carries. November 12, 2020 at 4:00pm.

VI. VI. Adjournment

Jamie Dornfeld motioned to adjourn the meeting.
Trish seconded the motion.

The motion carried and the meeting was adjourned.